| PATENT APPLICATION FEE DETERMINATION RECOR   |  |   |                                       |                        |                                  |                  |              |               | 09                     | 8-      | 3753           | 50   |   |
|--|--|---|---------------------------------------|------------------------|----------------------------------|------------------|--------------|---------------|------------------------|---------|----------------|--|---|
|  |  | CLAIMS AS                                 | FILED -                               |                        | (Column 2)                       |                  | SMALL ENTITY |               | OTHER THAN             |         |                |  |   |
| TOTAL CLAIMS   |  |   |                                       |                        | 5.                               |                  | RA           | E             | FEE                    |         | RATE           | FEE  |   |
| FOR  |  |   | NUMBER F                              | ILED                   | NUMBER EXTRA                     |                  | BASIC        | FEE           | 355.00                 | OR      | BASIC FEE      | 710.00   |   |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3 min                                 | us 20=                 | . 11                             |                  | X\$          | 9=            |                        | OR      | X\$18=         | A8   |   |
| INDEPENDENT CLAIMS   |  |   | 2 mir                                 | าบร 3 =                | •                                |                  | X4           | )=            |                        | OR      | X80=           |  |   |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                                |                        |                                  |                  | _            |               |                        | .070    |                |  |   |
| • 11   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                        |                                  |                  | +13          |               |                        | OR      | +270=<br>TOTAL | Max  |   |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                        |                                  |                  |              | ~_            |                        | JOH     | OTHER          | THAN   |   |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                        |                                  |                  |              | ALL           | ENTITY                 | OR      | SMALL          |  |   |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN                    | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA | RA           | ΓE            | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE                           |   |
|  | Total  | //  | Minus                                 | . 0                    | 3/                               | -                | X\$          | 9=            |                        | ÒR      | X\$18=         |  |   |
|  | Independent                                    | . 2                                       | Minus                                 | •••                    | 3                                | =                | X40-         | )=            |                        | OR      | X80=           |  |   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                        |                                  |                  | ·<br>+13     | 5-            |                        | OR      | +270=          | /  |   |
|  |  |   |                                       |                        |                                  |                  |              | OTAL          | <b>\</b>               |         | TOTAL          |  |   |
| (Oaking 1) (Oaking 2) (Oaking 2)   |  |   |                                       |                        |                                  |                  |              | FEE           |                        | OR      | ADDIT. FEE     | L  | ł |
|  | america siya                                   | (Column 1)<br>CLAIMS                      |                                       |                        | imn 2)<br>HEST                   | (Column 3)       |              |               | ADDI-                  | 1       |                | ADDI-  | l |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREV                   | MBER<br>NOUSLY<br>DFOR           | PRESENT<br>EXTRA | RA           | ΤÈ            | TIONAL<br>FEE          |         | RATE           | TIONAL   |   |
|  | Total  | · A                                       | Minus                                 | .3                     | 7/                               | -                | XS           | 9=            | $\wedge$               | OR      | X\$18=         |  |   |
|  | Independent                                    | .2  | Minus                                 | ئ                      | 3                                | ]= /             | X4           | 0=            | 1                      | OR      | X80=           |  | V |
| L  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                            | PENDEN                 | T CLAIM                          |                  |              |               | //                     |         | 070            |  | 1 |
|  |  |   |                                       |                        |                                  |                  | +13          | 5=<br>OTAL    | ₩                      | OR      | +270=          |  | l |
|  |  |   |                                       |                        |                                  |                  | ADDIT        |               |                        | OR      | ADDIT. FEE     |  | 1 |
| _  |  | (Column 1)                                |                                       |                        | umn 2)                           | (Column 3)       | I            |               | <u> </u>               |         |                | <del></del>                                      |   |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV            | MEST<br>MBER<br>TIOUSLY<br>D FOR | PRESENT<br>EXTRA | RA           | TE            | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE                           |   |
|  | Total  |   | Minus                                 |                        |                                  | 8                | XS           | 9=            |                        | OR      | X\$18=         |  |   |
|  | Independent                                    |   | Minus                                 | •••                    |                                  | =                | X4           | n-            |                        | 1       | X80=           |  | 1 |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                        |                                  |                  |              | <del></del> - | <del> </del>           | OR      | 7,00-          | <del>                                     </del> | 1 |
|  |  |   |                                       | 10.0                   |                                  |                  | +13          | 5=            |                        | OR      | +270=          |  |   |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE OR ADDIT. FEE |  |   |                                       |                        |                                  |                  |              |               |                        |         |                |  | 1 |
|  | The Highest Nur                                | imber Previously P                        | aid For (Total o                      | is stact<br>ir Indepen | rs ares or<br>Ident) is th       | e highest numbe  | r lound in   | the a         | ppropriate bo          | ax in c | olumn 1.       |  | l |

Application or Docket Number